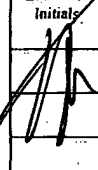



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute of form 1449/PTO: INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known	
				Application Number	Unassigned
				Filing Date	Herewith
				First Name Inventor	Shigeru Shoji
				Group Art Unit	Unassigned
				Examiner Name	Unassigned
Sheet	1	of	1	Attorney Docket Number	204126-9002

U.S. PATENT DOCUMENTS				
Examiner Initials		U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Country Code	Foreign Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	Translation	English Abstract
	JP	4-279157	TOUEI DENKI KK_	10/5/1992		X

S:\CLIENT\204126\9002\CO240943.1

Examiner Signature		Date Considered	3-13-04
--------------------	---	-----------------	---------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 0231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria, VA 22313-1450.